

### **1. What is a Partial Hospitalization Program (PHP)?**

Partial hospitalization is a treatment setting capable of providing an interdisciplinary program of medical therapeutic services at least three hours per day, five days per week, which may embrace day, evening, night, and weekend treatment programs, which employ an integrated, comprehensive and complementary schedule of recognized treatment approaches. Partial hospitalization is a time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic environment.

### **2. How long does my new Partial Hospitalization Program need to be operational before I apply for TRICARE/CHAMPUS approval?**

All Partial Hospitalization Programs must be fully operational and treating patients for a period of at least six months (with at least 30 percent minimum patient census) before it submits an application for approval.

### **3. Once I submit my application for certification or re-certification, how long will it take for KEPRO to review it?**

KEPRO/TQMC will notify the facility in writing of the results of the review within 40 days after receipt or sooner.

### **4. In addition to being licensed to provide PHP services within the applicable jurisdiction in which it operates, what other accreditation must the facility have?**

The PHP must be specifically accredited by and remain in compliance with standards issued by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) under the Accreditation Manual for Mental Health, Chemical Dependency, and Mental Retardation/ Developmental Disabilities Services (formerly the Consolidated Standards Manual).

### **5. How are PHP services reimbursed?**

PHPs are reimbursed according to an all-inclusive per diem rate agreed documented in their participation agreement. The per diem rate will be calculated according to 32 CFR 199.14.

### **6. Can the PHP bill the beneficiary for charges that TRICARE/CHAMPUS do not cover?**

NO. The PHP cannot bill the beneficiary for services in excess of the cost-share or services for which payment is disallowed for failure to comply with requirements for preauthorization. However, the facility agrees to collect from the TRICARE/CHAMPUS beneficiary or the parents or guardian of the TRICARE/CHAMPUS beneficiary only those amounts applicable to the patient's cost-share/ copayment, as defined in 32 CFR 199.4, and services and supplies that are not a benefit of TRICARE/ CHAMPUS. The PHP's failure to collect or to make diligent effort to collect the beneficiary's cost-share as determined by TRICARE/CHAMPUS policy is a violation of the provider's participation agreement, and may result in the denial or reduction of payment, or may result in a false claim against the United States.

### **7. What if the beneficiary has other insurance coverage?**

All providers must first submit claims first to all other insurance plans and/or medical service or health plans under which the beneficiary has coverage before to submitting a claim to TRICARE/CHAMPUS. Failure to collect first from primary health insurers and/or sponsoring agencies is a violation of the provider agreement, and may result in the denial

or reduction of payment, or may result in a false claim against the United States. It may also result in termination by TMA of the provider agreement pursuant to Article 13.

**8. What claim form should my PHP use to bill for services?**

The PHP shall use the UB-04 claim form for partial hospitalization services. The PHP shall identify PHP care on the billing form in the remarks block by stating "PHP care".

**9. Can I submit interim bills for beneficiaries in care longer than 30 days?**

YES. The facility must submit claims for services provided to TRICARE/CHAMPUS beneficiaries at least every 30 days (except to the extent a delay is necessitated by efforts to first collect from other health insurance).

**10. Once certified, when does the PHP need to reapply for TRICARE/CHAMPUS re-certification?**

The PHP must reapply to TMA at least ninety days prior to the expiration date of their provider agreement if it wishes to continue as a TRICARE/CHAMPUS-authorized PHP. Failure to reapply will result in automatic expiration of the participation agreement on the date specified in Article 18.1 of their Provider Agreement. KEPRO will also perform a recertification review once every three years to evaluate if the facility remains in compliance with TRICARE requirements. An annual, one-page, self-assessment form certifying compliance is also required.

**11. How does KEPRO/TQMC substantiate what is stated in the application submitted by the PHP?**

From time to time, TMA will conduct an on-site facility review. When signing the Participation Agreement, the PHP grants the Executive Director, TMA or authorized representative(s), the right to conduct on-site or off-site reviews or accounting audits with full access to patients and records. The reviews or audits may be conducted on a scheduled or unscheduled (unannounced) basis. This right to audit/review includes, but is not limited to, the right to:

(a) Examine fiscal and all other records of the PHP that would confirm compliance with the participation agreement, conduct audits of PHP records, including clinical, financial, and census records, examine reports of evaluations and inspections conducted by federal, state, local government, and private agencies and organizations. and conduct on-site inspections of the facilities of the PHP and interview employees, members of the staff, contractors, board members, volunteers, and patients, as may be required. The TQMC/KEPRO may also release copies of final review reports (including reports of on-site reviews) under the Freedom of Information Act.

**12. What types of information needs to be reported to KEPRO/TQMC?**

Please see [What needs to be reported to KEPRO/TQMC?](#) document on the Application and Forms page of this website.